Job Order



*** THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR JOB OPENING! ***

Your Company	Date:
Company Name:	Contact Person:
Address:	
City:	
Phone Number:	Cell Phone Number: Fax Number:
E-mail Address:	Company Web site Address:
Job Information	
Position Title:	Number of Openings:
	Full-time Part-time Seasonal
Hours of Operation: _	to to to
	□T □W □Th □F □Sat □Permanent □Temporary (duration)
Job Site Location:	
Education Required: [☐GED/High School Equivalent ☐Associate ☐Bachelor ☐Master ☐Doctorate
	Other (please specify)
Months of Experience	Required: Minimum Age:
Type of Experience R	equired:
Testing Required:	
Certifications Require	d:
Lifting Capacity: to	20 lbs
Valid Driver's License	Required: yes no CDL Required: yes no CDL Endorsements:
Wage and Benefits	
•	to to Hourly Weekly Bi-weekly Monthly Yearly
Benefits Offered:	401 K Employee Discount Retirement
	☐ Child Care ☐ Health Insurance ☐ Sick Leave
	☐ Clothing/Uniforms ☐ Life Insurance ☐ Stocks
	☐ Dental Insurance ☐ Paid Holidays ☐ Unemployment Coverage
	☐ Disability Insurance ☐ Paid Vacation ☐ Vision Insurance
	☐ Education Assistance ☐ Profit Sharing ☐ Other
Apply Using	☐ Company Application ☐ SD Dept. of Labor and Regulation Application (Form 510)
	☐ Resume ☐ Cover Letter
How to Apply	☐ In Person ☐ Call ☐ By Fax ☐ By E-mail ☐ Online at Web site
	☐ Download company application from Web site
	Leave application/resume at SD Dept. of Labor and Regulation Office
Application Deadline	e: Date to Close Job Order:
Description of job duties, physical demands, working conditions and/or equipment used. If available, attach copy of	
ich description (This	illable section will expand as needed.)